PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

25883

7590

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

HOWISON & ARNOTT, L.L.P.

04/22/2008

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

INSTRICTIONS: This form should be used for transmitting the ISSUE IEEE and PUBLICATION IEEE (if required). Blocks I through 5 should be completed where appropriate All Intertsectorrespondence including the Patent, advance orders and notification of maintenance fees will be mailed to the curvent correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

Note: A certificate of mailing or gas only be used for open seit mailings of the Fee(s) "Transmittal. This certificate continue be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

P.O. BOX 7417 DALLAS, TX 7			add	States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
			1	IA		(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TORNEY DOCKET NO.	CONFIRMATION NO.
10/791,665 03/02/2004		Jeffry Jovan Philyaw		PHLY-26,663	2729	
TITLE OF INVENTION	: METHOD FOR INTE	RCONNECTING TWO I	OCATIONS OVER A N	ETWORK IN RESPON	SE TO USING A TOOL	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/22/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	1		
JEAN GILLES, JUDE		2143	709-219000	-		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 				inting on the patent front page, list 1 HOWISON & ARNOTT, L.L.P.		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Address form F10/Sb/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or ty			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee assignment.	s identified below, the de	cument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
LV PARTNERS,	L.P.		DALLAS, TEXAS			
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual Corp	ration or other private gro	up entity 🚨 Government
4a. The following fee(s) are submitted: 21 Issue Fee 22 Publication Fee (No small entity discount permitted) 23 Advance Order - # of Copies			b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*} \text{ check is enclosed.} \\ \begin{align*} \text{ Psyment by credit card. Form PTO-2038 is attached.} \\ \begin{align*} \text{ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment. to Deposit Account Number 2,0-0780 (enclose an extra copy of this form).} \end{align*}			
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY stat		b. Applicant is no lon	ger claiming SMALL	ENTITY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark				e assignee or other party in
Authorized Signature	/Gregory M. H	lowison Reg. #30	646/	Date 2008-	07-15	
Typed or printed name GREGORY M. HOWISON			Registration No. 30,646			
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	tation is required by 37 (tiality is governed by 35 d application form to the tons for reducing this but (irginia 22313-1450. DO:13-1450.	CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the D NOT SEND FEES OR	on is required to obtain or 1.14. This collection is es depending upon the indi e Chief Information Offic COMPLETED FORMS T	retain a benefit by the timated to take 12 min vidual case. Any comr er, U.S. Patent and Tra O THIS ADDRESS. S	oublic which is to file (and utes to complete, includin tents on the amount of tir demark Office, U.S. Dept END TO: Commissioner i	by the USPTO to process) g gathering, preparing, and ne you require to complete urtment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033